POSITION	INITIALS	ID NO.	ID NO. DATE		
FEE DETERMINATION	NY .	nag	10/2		
O.I.P.E. CLASSIFIER	R50	100311	10/11/00		
FORMALITY REVIEW	NF	70855	11-01-00		
RESPONSE FORMALITY REVIEW	sch	10 20	3-19-CV		

INDEX OF CLAIMS

~	Rejected	N	Non-elected
=	Allowed	- 1	Interference
_	(Through numeral) Canceled	Α	Appeal
÷	Restricted	0	Objected

Claim	Date	Claim	Date	Claim	Date
Final Original		Final Original		Final Original	
n/		51		101	
1 1 2 7		52		102	
13/	, 	53		103	
40/		54		104	
5 /		55		105	
(6)		56		106	
		57		107	
(R)=		58		108	
9/ -		59		109	
10 =		60		110	
241 -		61		111	
13 × 14 ×		62		112	
137	+4	63		113	
14 -		64		114	
15 5	4	65		1,15	
16		66		/ 116	
17	+	67		117	
	+++++	68	 	118	
19		.59		119	
20		70		120	
21	 	71		121	
22		72		122	
23		73		123	
	+	74		124	
25 26	 	75		125	
27		76	+++++	126	
28	 	78		127	
29	 	79	+	128	
30	 	80	+	130	+
31	 	81	+	131	+
	 	82	 	132	
33 33	 - - - - 	83	┩═╏═╏═╏ ╌╂═╂ ╒ ╂╒╇	133	
334	 	84	 	134	 - - - - - -
334		85	 	135	
36	 	86		136	
(37	 	. 87		137	
38		88	 	138	
39		89		139	 - - - - - -
40		90		140	
41		91		141	┤┈╎┈╎┈╎┈╎┈
42		92	 	142	╎╸╽╶╽╶╽╶╽╸╽
43		93	 	143	 - - - - - - - - - - - -
44		94		144	
45		95	 	145	 -
46		96	 	146	 - - - - - - - - -
47		97		147	
48		98	 	148	├─├─╎├─┼
49		99		149	
50		100	 	150	

staple ad

If more than 150 claims or 10 actions staple additional sheet here

(LEFT INSIDE)